

Scope Exp:

Attachment J

VA Directive 1904

PHARMACY PRESCRIBER INFORMATION FOR VISTA SYSTEM

Date: **July 1, 2013**
To: **Pharmacy Service (119)**
Thru: **Chief of Staff (11)**

From: **Associate Chief of Staff for Education**
Subj: **Submission of Prescriber
Information for VISTA SYSTEM**

TO BE COMPLETED BY THE INCOMING RESIDENT:

NAME: Last _____ First _____ MI _____

SIGNATURE: _____ SEX: M _____ F _____

BIRTH DATE: _____ SSN: _____

HOME TELEPHONE NO.: _____

INFORMATION BELOW TO BE COMPLETED BY THE VA SERVICE ONLY:

WORK TELEPHONE NO.: _____ PAGER NO.: _____

CLASS: Resident

TYPE: House Staff

NPI NO.: _____

DEA NO.: _____ License Exp. Date: _____

License No and State: _____ License Exp. Date: _____

SERVICE/SECTION: _____ SUB-SPECIALTY (Cardiology, etc.): _____

RESIDENCY/FELLOWSHIP EXPIRATION (if applicable) _____

2. This information should be submitted 10 working days prior to assignment to this Medical Center so that the appropriate data may be entered. Pharmacy Service will assign an internal hospital DEA number in addition to your state or Federal DEA Number. Drug orders cannot be processed until this information is entered into the computer.

3. Contact the Chief of Pharmacy Service at ext. 66867 if you have any questions regarding this form. Thank you for your assistance.

Signature, Service Chief

Chief, _____ Service

(Rev. 8.6.12)